



OFFICE *of* ADMINISTRATION

AUTHORIZED SIGNATURES

DEPARTMENT OF REVENUE - SPRINGFIELD LICENSE AGENT

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Carter	Leslie		149 Park Central Square, Room 252	Springfield, MO 65806	SpringfieldAO@dor.mo.gov	417-869-5101
AA	Barragan-Scott	Alana	Director	Truman Building Room 670	Jefferson City, MO 65102	alana.barragan- scott@dor.mo.gov	573-751-5671

*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT